

**Performance Report**

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| Name: | McCracken Views Residential Care |
| Commission ID: | 6220 |
| Address: | 31 Adelaide Road, VICTOR HARBOR, South Australia, 5211 |
| Activity type: | Site Audit |
| Activity date: | 4 February 2025 to 6 February 2025 |
| Performance report date: | 13 March 2025 |
| Service included in this assessment: | Provider: 870 Southern Cross Care (SA NT & VIC) Incorporated  Service: 5538 McCracken Views Residential Care |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for McCracken Views Residential Care (**the service**) has been prepared by V Stephens, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* the approved provider’s responses to the assessment team’s report received on 4 March 2024 and 11 March 2024 .

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure the personal care needs of consumers are met, specifically toileting needs and showering preferences.
* Improve governance relating to information management, continuous improvement and regulatory compliance by:
  + Completing the transition to electronic record-keeping.
  + Ensuring the service has a robust plan for continuous improvement in place which addresses all identified care and service delivery deficits.
  + Develop a consistent and accurate process to determine if mandatory care minutes are met.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

Findings

Consumers said they are treated with dignity and respect, feel accepted and valued, and described ways the service recognises and values their identity, culture, and diversity. Staff provided examples of treating consumers with dignity and respect. Care documentation contained information about each consumer’s background, religion and cultural practices. Staff interacted with consumers in a respectful manner including when providing personal care.

Consumers said they feel safe, valued and that their cultural identity is respected. Staff demonstrated an understanding of the cultural backgrounds of individual consumers and provided examples of providing care and services in line with consumer preferences, including faith-based services. Cultural diversity training is provided to staff enabling them to understand important aspects of consumer identity and provide culturally safe care and services.

Consumers confirmed they are supported to exercise choice, make decisions and involve others if they choose. Consumers said they are supported to form and maintain relationships. Staff understand consumer needs and preferences and provided examples demonstrating how they accommodate these. Care documentation reflects the supports consumers require to maintain relationships and specifies those they wish to be involved in their care.

Consumers are supported to take risks to enable them to live their best lives including accessing the wider community and participating in activities they enjoy and which support their independence. Staff demonstrated understanding of supporting consumer choice and assessing and mitigating risks. Management described the risk management process relating to dignity of risk. Assessments are completed in discussion with consumers and/or representatives, risk management strategies are developed, and risks are reviewed when there are changes in consumer condition, needs, or preferences.

Consumers and representatives reported satisfaction with information sharing processes and described receiving information via newsletters, meetings, telephone calls, emails, and face-to-face communication. Staff provided examples of modifying communication and information sharing where consumers experience sensory and language barriers. A range of information was displayed throughout the service including newsletters and lifestyle calendars.

Consumers and representatives were confident their privacy is respected when receiving care and services. Staff provided examples of how they ensure consumer confidentiality and privacy is maintained, and confirmed they receive training on privacy and confidentiality. Policies and procedures also provide guidance to staff. Consumer care records and other confidential information was observed to be securely stored, in accordance with relevant policies.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The assessment team recommended Requirement 2(3)(a) was not met as the service did not demonstrate assessment and planning always contains sufficient information to inform the delivery of safe and effective care. Review of care documentation for consumers with diabetes demonstrated 5 out of 10 sampled consumers did not have a care plan that outlined how their diabetes should be managed. Care documentation did not provide guidance related to monitoring blood glucose levels, and there were no instructions explaining when escalation to the consumer’s medical officer or general practitioner is required. Additionally, a behaviour support plan for a consumer with ongoing changed behaviours did not contain personalised management strategies despite recent review by a dementia specialist who provided individualised recommendations and strategies to support their behaviour.

In their response to the assessment team report, the approved provider states in relation to a lack of detailed diabetes management plans, that despite factual inaccuracies included in the assessment team report, the service acknowledges that diabetes management plans lacked depth and required improvement. This was attended to during the site audit with care plans reviewed and updated for diabetic consumers. In addition, staff diabetes training was completed on 28 February 2025. The approved provider supplied updated care planning documents for the 5 diabetic consumers discussed in the assessment team report. I have reviewed these care plans and risk assessments and I am satisfied that they contain sufficient information for staff to effectively monitor and manage diabetes for each consumer.

In relation to a consumer’s behaviour support plan which did not contain up-to-date information, the approved provider submits the assessment team report is factually incorrect and attach a number of care planning documents demonstrating robust behaviour support planning for the consumer, which includes updates from a recent specialist assessment. Accordingly, I find the service is compliant with Requirement 2(3)(a).

I am satisfied the remaining requirements of Standard 2 are compliant.

Consumers and representatives said they discuss their needs, goals and preferences with staff which are then incorporated into their care plan and subsequent care and service delivery. Staff explained how they use advance care and end of life assessment and planning to inform care delivery when consumers approach end of life. Care documentation demonstrated end of life goals including religious and cultural preferences and comfort measures. Training and resources are available to assist staff in the assessment, planning and delivery of appropriate care during end of life.

Consumers and representatives said they are involved in the assessment and planning process. Staff discuss their goals, needs, preferences and overall care with them, and other healthcare professionals are involved in their care. Consumer care documentation evidenced a range of allied health and other health specialists are involved in assessment and planning.

Consumer and representatives expressed satisfaction with the level of communication about the outcomes of assessment and planning, and have access to care plans. Documentation confirmed outcomes of assessment and planning processes are effectively communicated to consumers and their representatives, as well as others involved in consumer care. Staff have access to care plans which enables them to provide appropriate care and services to consumers.

Consumers and representatives said the service regularly communicates with them and reviews care when changes occur and following incidents. Staff explained the processes in place to monitor consumer condition and how to escalate any changes to relevant staff. Documentation demonstrated consumer care is reviewed regularly for effectiveness, and when circumstances change or incidents occur.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The assessment team recommended Requirement 3(3)(a) was not met as deficits were identified in relation to diabetes management and the provision of personal care. Based on documentation submitted by the approved provider since the site audit, I am satisfied the service now delivers safe and effective diabetes care. However, I am cognisant that consumers and representatives expressed dissatisfaction with the provision of personal care including showering and toileting, emphasising impacts from delayed or missed personal care and/or continence care. Staff stated they could not attend to continence care in accordance with the assessed needs of consumers.

In their response to the assessment team report, while the approved provider acknowledges staffing challenges at the service, they reject the assessment team’s inference that consumers often receive a bed wash instead of a shower. The approved provider attached a resident hygiene report for January 2025 which the approved provider contends demonstrates suitable provision of hygiene care. I have reviewed this information and find that it demonstrates that while some consumers are regularly showered, a significant number of consumers receive bed washes. I acknowledge that I do not have information regarding consumer showering preferences and frequency before me, and that daily showers are not necessarily required for all consumers, however I place great weight on verbal feedback provided by multiple consumers who report not receiving showers as per their preference, experiencing frequent delays with toileting, and staff comments that they are unable to assist consumers with showers consistently. I consider that consumer feedback has been corroborated by the evidence provided to me by the approved provider. Accordingly, I find the service is not compliant with Requirement 3(3)(a).

I am satisfied the remaining requirements of Standard 3 are compliant.

Consumers said staff ensure they receive safe and effective care, including relating to falls management, infection control, and weight loss management. Management demonstrated awareness of high impact and high prevalence risks related to individual consumers and described personalised strategies to mitigate these risks. Systems and processes are in place for monitoring and evaluating risks which impact on consumer health and well-being, including in relation to falls management, wound management, and the use of psychotropic medication.

Consumers reported staff discuss advance care and end of life planning with them, and expressed confidence staff will support them physically, emotionally, and spiritually. Records demonstrated consumer dignity, privacy, cultural and spiritual needs are respected, and palliative and other health care professionals support consumers to maximise comfort and manage pain.

Consumers and representatives expressed confidence the service recognises and responds to changes in consumer condition promptly. Documentation demonstrated staff recognise and respond to deterioration in a timely manner including escalating consumers at risk to a multidisciplinary team for review and monitoring. The service referral system is available on the electronic care management system and enables referrals to various external specialists and allied health professionals, as required.

Consumers and representatives said staff know consumers and understand their needs, goals, and preferences. Staff demonstrated they understood the needs goals and preferences of consumers and described various information sharing processes including access to consumer care plans and clinical handovers. Documentation and progress notes demonstrated communication is effectively shared within the service and where responsibility for care is shared.

Consumers and representatives expressed satisfaction with the referral process and access to medical officers and other health professionals. Staff described referral processes and provided examples of referrals, and how outcomes of these referrals informed care delivery. Care documentation demonstrated regular and ongoing review of consumers from medical officers and a range of allied health professionals.

Consumers described staff practices which minimise infection risks including hand hygiene and the use of personal protective equipment. Staff demonstrated knowledge and understanding of infection control and antimicrobial stewardship practices. Infections are reviewed and trended each month and reported to the clinical governance committee to ensure infection-related risks are effectively managed. Observations confirmed staff adhere to hand hygiene regimes, personal protective equipment was readily available, information about minimising the spread of COVID-19 was displayed in communal areas, and infection screening of staff and visitors is conducted prior to entry to the service.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said they are supported by staff to undertake activities which are important to them which improve their health, wellbeing, independence and quality of life. Care documentation confirmed consumer needs, goals, and preferences are discussed with them at various stages of their journey including during care plan reviews. Records show supports for daily living are provided in line with consumer preferences.

Consumers said staff assist them to maintain their emotional, spiritual and psychological wellbeing in various ways including providing access to religious services, cultural practices and assisting consumers to maintain their interests. Care documentation recorded the emotional, spiritual and psychological needs of consumers and the necessary supports to promote their wellbeing. Staff described various activities and spiritual services available to consumers, and referral processes are in place where staff notice a consumer may need additional emotional or psychological support.

Consumers said they are supported to participate in the community, maintain personal and social relationships, and do things which are of interest to them, both within the service and the wider community. Staff described the lifestyle program which includes a range of opportunities for social engagement. Documentation demonstrated the service has a lifestyle program which includes regular activities and outings to enable consumers to access the local community.

Consumers and representatives said they are kept informed about service and support needs, and feel staff are aware of consumer preferences. Staff described systems and processes to ensure accurate and current information is communicated effectively, where responsibility of care is shared, including via the electronic care management system, consumer care records and shift handovers.

Consumers and representatives reported referrals occur promptly when their needs, goals, or preferences change. Staff described the referral process and provided examples of referrals made to individuals or other organisations, including volunteers and pastoral care providers, ensuring the diverse needs of each consumer are met. Consumer care planning documentation demonstrated referrals are made to support consumer care needs.

Consumers said meals provided are generous, of good quality and variety. Staff demonstrated awareness of consumer meal preferences, dietary requirements, and provided examples of supporting consumer choice. Food focus groups and consumer meetings are avenues in which consumers can provide feedback on meals and the dining experience. Care planning documentation accurately recorded dietary profiles, food allergies and personal preferences, and this information is readily available to relevant staff. The assessment team observed a calm and welcoming dining experience.

Consumers said the equipment provided is suitable for their needs, is clean, and they feel safe when using the equipment. Staff reported having access to a range of equipment such as lifting, mobility and lifestyle resources, described the equipment cleaning processes, equipment maintenance procedures and how they ensure equipment is in safe working order.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they feel comfortable living at the service, they can personalise their rooms which provides them with a sense of belonging, and visitors are welcomed by staff who assist and direct them as needed. Observations by the assessment team confirmed the service is well signed, with multiple open plan common areas where consumers can engage, undertake activities and spend time with visitors.

Consumers are satisfied with the cleanliness and comfort of the environment. Staff described the various cleaning and maintenance processes they follow to ensure the service environment is clean and well maintained. The Assessment Team observed consumers freely accessing outdoor areas and gardens, and staff assisting consumers. Outdoor areas are well maintained and easy for consumers to navigate.

Consumers said furniture, fittings and equipment are clean, suitable for their needs, and is well looked after. Staff demonstrated an understanding of maintenance processes and provided evidence of reactive and preventative maintenance schedules, which ensure all furniture, fittings and equipment is safe. Preventative maintenance schedules outlined upcoming maintenance checks and regular inspections. Records confirmed scheduled checks are completed including pest control, emergency exits and lighting.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers advised they feel comfortable providing feedback and making complaints and expressed confidence in this process including support provided by management. Staff demonstrated how they support consumers to provide feedback and make complaints and described the actions they take to address concerns, and escalate to management where necessary.

Consumers and representatives are aware of advocacy services, language services and external complaint resolution bodies, and stated they are confident management can resolve concerns at a service level. Noticeboards in communal areas display information about advocacy and external complaints resolution bodies.

Consumers and representatives said they are confident complaints are investigated, a satisfactory resolution is achieved, and an apology is provided when things go wrong. Staff demonstrated an understanding of the complaint handling process and said they receive training on documenting, investigating, resolving, and evaluating feedback, and using open disclosure. Documentation showed a complaints management policy and procedure is in place, feedback is captured and responded to in accordance with service policy.

Consumers expressed confidence the service uses feedback and complaints to improve the quality of care and services and provided an example of changes made to the menu and dining experience following feedback. Documentation confirmed improvements are identified from feedback and actions are taken.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Not Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The assessment team recommended Requirement 7(3)(a) was not as met while clinical care needs are met, consumers, representatives and staff said there was insufficient staff to meet the personal care needs of consumers, specifically showering and receiving toileting assistance. Review of the service’s meeting minutes, complaints register and other documentation corroborated statements made by consumers, representatives and care staff.

In their response to the assessment team report, the approved provider acknowledges staffing challenges at the service, noting continuing efforts to support staffing levels including limiting the intake of residents and implementing a new staff rostering system, both of which are reflected in the service’s plan for continuous improvement submitted with the approved provider’s response. The approved provider’s response provides additional detail and supporting documentation in relation to staff rostering, and changes in work hours. Call bell reports are also monitored, with improvements noted in February 2025. However, no evidence is presented which squarely refutes or casts doubt over the feedback provided to the assessment team during the site audit by multiple consumers, representatives and staff. I find that staff are consistently unable to assist consumers with showers and consumers can experience frequent delays receiving toileting assistance. Accordingly, I find the service is not compliant with Requirement 7(3)(a).

I am satisfied the remaining requirements of Standard 7 are compliant.

Consumers and representatives reported that while staff are busy, they are kind, caring and respectful. Staff provided examples of treating consumers with dignity and respect and confirmed receiving training in relation to working with consumers with dementia. The assessment team observed staff were patient and engaged with consumers throughout the site audit including when providing care, assisting consumers with meals and during lifestyle activities.

Consumers and representatives said they are confident in the capability of the workforce to carry out their assigned roles. Staff said they are confident they have the knowledge and skills to effectively perform their roles and speak to management if they require further development. Documentation demonstrated staff knowledge and skills are developed through a range of training. Staff competencies are tracked and monitored to ensure staff have the appropriate skills to provide safe, quality care for consumers. Reports confirmed the service monitors the workforce to ensure national police checks, qualifications and relevant professional registrations.

Consumers are satisfied staff receive the appropriate level of training to enable provision of care and services which meet their needs, goals and preferences. A range of training is provided to staff including mandatory and ongoing training. Monitoring systems are in place to ensure staff are supported to complete required training. Staff consider they are appropriately trained, supported and equipped to perform their roles. Regular staff meetings provide opportunities to identify staff training needs.

Management described staff monitoring performance processes including through audits, consumer and representative feedback, staff feedback and observations of care and service delivery. Formal appraisal of staff performance is conducted during the probationary period, 6-monthly, and annually. Staff confirmed involvement in the performance management process and being afforded development opportunities.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

**Findings**

The assessment team recommended Requirement 8(3)(c) was not met as while the service has effective systems relating to financial governance and feedback and complaints, the service did not demonstrate effective governance systems relating to information management, continuous improvement, workforce governance and regulatory compliance. I have considered evidence against each of these areas below.

Information management

While noting the service currently uses both electronic and paper-based information management systems, the assessment team found the service did not demonstrate embedded processes for consistent information management. Clinical staff and care staff stated information is often hard to find, sometimes contradictory, or vague. Clinical and care staff expressed confusion about whether to record information in progress notes, digital charts or paper charts. In addition, the assessment team found deficits with an oxygen management plan.

In their response to the assessment team report, the approved provider acknowledges information management at the service is not yet fully electronic and submits information in relation to one consumer example cited in the assessment team report. However, the response does not engage with any of the other deficits identified by the assessment team as summarised in the paragraph immediately above.

Continuous improvement

The assessment team found the service did not demonstrate effective systems to assess, monitor and improve care and services. The continuous improvement system had not proactively identified key risks relating to staffing, or gaps in assessment and planning, which were impacting the quality of care and services. The assessment team identified through meeting minutes that various improvement actions relating to falls, urinary tract infections and weight loss were undertaken, however these actions were not consistently documented or managed within the service’s plan for continuous improvement (PCI). In addition, the assessment team noted no new actions had been entered into the service’s PCI since October 2024.

In their response the approved provider briefly touches on continuous improvement and refutes the assessment team’s finding that the service’s PCI was last updated in October 2024. The approved provider states entries were made in December 2024 and January 2025. No evidence of this is provided in the attachments included in the response. A document titled ‘*PCI related to Site Audit 4-6 February 2025*’ nominates three planned actions in relation to Requirement 8(3)(c); the service will continue to transition to a fully electronic system, the service will work with software vendors in relation to changes required for new aged care legislation, and the service has updated personal carer duty statements. Having reviewed all of the evidence before me, I consider that the approved provider has not demonstrated it has a robust PCI in place, as the PCI submitted does not adequately address deficits identified by the assessment team in their site audit report.

Workforce governance

The assessment team identified inconsistencies regarding the position descriptions and duty lists of care staff. The organisation could not demonstrate they had effectively monitored, managed or responded to emerging issues relating to changes in the numbers of care and food services staff. Care staff stated they had not been provided with updated job descriptions and that there was confusion over who was accountable for tasks each shift.

In their response, the approved provider states inconsistencies were noted in personal carer duty statements which have been resolved. While no evidence of these updates is provided, I note from the PCI submitted with the response that these statements were updated on 24 February 2025. In relation to this aspect of workforce governance, I accept that the approved provider has rectified the deficit by updating carer duty statements.

Regulatory compliance

The assessment team found the service did not demonstrate it meets mandated consumer care minutes. Care staff were performing non-direct care tasks as a part of their duties and despite multiple requests during the site audit, the service did not provide the assessment team with details of a consistent process for how the organisation is calculating care minutes. The organisation’s written care minutes guide, actual reporting, and statements from management and key personnel were inconsistent.

In their response the approved provider states there was confusion during the site audit and apologises for unintentionally providing out-dated information to the assessment team. The approved provider states the service delivered 16 minutes per day per resident over the necessary care target minutes for the October 2024 to December 2024 quarter. I have reviewed a document attached to the approved provider’s response relating to care minutes. Whilst I consider that this establishes improvements are being made to service delivery, I do not find that this demonstrates the service meets mandated care minute requirements.

The service has not demonstrated effective governance systems in relation to information management, continuous improvement and regulatory compliance. Accordingly, I find the service is not compliant with Requirement 8(3)(c).

I am satisfied the remaining requirements of Standard 8 are compliant.

Consumers said they are engaged in the development and evaluation of care and services and can participate in meetings, complete surveys, and provide verbal and written feedback. Management provided examples demonstrating consumers are engaged in the design, development and evaluation of care and services including encouraging feedback through various mechanisms, participation in audits, consumer meetings, and participation in the consumer advisory body. Documentation showed recent consumer engagement in renovations to the service environment and improvements to the lifestyle program.

Management described the constitution of the governing body, which includes members with a variety of skills and experience, and various subcommittees with oversight of clinical quality and compliance. Documentation demonstrates a range of information is provided to the Board each month, including audits, clinical indicators, serious incidents, and workforce and financial governance matters, which enables the Board to be accountable for the delivery of safe, quality care and services.

Management described a range of systems, policies, and processes to ensure effective risk management including the collection and analysis of incidents and meetings, where risks to consumer wellbeing are discussed. Documentation demonstrated mandatory incident reporting occurs in accordance with legislative requirements. Staff are trained in identifying and escalating concerns and reviewing incidents to determine which incidents are reportable. Staff demonstrated an understanding of identifying and responding to consumer abuse and neglect and supporting consumers to live their best lives. Policies and procedures guide staff practice in risk management, incident management and recognising and responding to abuse and neglect of consumers.

Consumers and representatives said they are confident the service effectively manages antimicrobial stewardship, restraint minimisation, and open disclosure. Documentation demonstrated a clinical governance framework is in place which includes an electronic care management system, medication management systems, and a suite of policies and procedures to guide staff in providing best practice clinical care. The framework includes appropriate levels of clinical staff and auditing systems. Clinical care delivery and clinical governance are discussed during a variety of meetings.

Policies and procedures are in place to support staff with antimicrobial stewardship, and antibiotic usage data is collected and reviewed by the clinical governance committee. An infection prevention and control lead is engaged to support effective infection prevention and control and outbreak management. The service maintains a restrictive practice register, regularly reviews consumers subject to restrictive practices and a range of meetings ensure effective oversight. Consumers and representatives said the service provides open and transparent information in response to incidents or complaints. Policies guide staff in undertaking open disclosure processes.

1. The preparation of the performance repo rt is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)